



Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement Enrollment/Change/Cancel for Medical Claims

Use this form 1) to enroll in both ERA and EFT; 2) to change your ERA vendor only; or 3) to change both your ERA vendor and your bank account. If you are enrolling in EFT for the first time, or changing ONLY the bank account for electronic payments, use the EFT enrollment form at www.aetnaeft.com. We can issue EFTs to all healthcare provider types, including those receiving capitation. See page 4 for definitions of terms with which you are not familiar.

Use the following guide when completing your ERA/EFT enrollment forms. Fields with an asterisk are **required**; **sections left blank or illegible will delay processing**.

- Send only one tax identification number (TIN) per fax. Enrollments for additional TINs must be faxed separately. If you would like us to deposit EFT payments into multiple bank accounts for the same TIN, complete a separate form for each account.
- Include your primary payee National Provider Identifier (NPI; the one receiving payment) on the enrollment form in the Provider Identifiers Information section. We will group your ERAs/EFTs using the primary payee NPI (regardless of billing NPI submitted on claims). This will reduce the number of ERAs/EFTs generated when the preference for aggregation is by TIN (all claims processed under this TIN) or split by billing address (claims received matching the specified billing address). If you do NOT want your ERAs/EFTs grouped, please use the checkbox in the NPI Grouping section on Page 3.
Note If you do NOT want all claims processed under this TIN set up for ERA/EFT, choose from one of the following options:
 - NPI Level Setup – we will only transmit ERAs/EFTs for the billing NPIs that are enrolled (note: the ERA grouping process described above does not apply). Be sure to list the two or more NPIs you would like to enroll.
 - Billing Address Level Setup – we will only transmit ERAs/EFTs based on the specific enrolled billing address(es). List the billing address(es) you would like to enroll. (Billing Address level option is located on Page 3.)
- Include a copy of a pre-printed, voided check with the account holder name imprinted on the check or a bank letter. We cannot accept deposit slips, starter checks, handwritten or altered checks, and **we cannot process your enrollment without this information**.
- If you are requesting ERA/EFT for your capitated payments, you **must** be set up for capitation. You only need to complete one form if the bank account is the same for both Medical and Capitation claim payments. We can deposit capitation payments made under a single TIN into only one bank account.
- Use the **Trading Partner ID** field to enter **User Name/App ID/Customer ID/Key/Acct Number** (if applicable).
- The enrollment form **must** be signed by authorized healthcare individuals. The signing authority must match the legal entity associated with the TIN. Examples of authorized healthcare individuals include: Practitioner (MD, DO, DC, DDS, PhD, etc.) and/or Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc.).
- You can enroll to receive EFT email notifications when EFT is active and we have issued a claim payment. Sign up for the notifications on our secure provider website on NaviNet® at <https://connect.navinet.net>. Select Aetna→Email Options→Get EFT Email Notifications. Enter your bank account number and click on the Continue Button. You can also unsubscribe or change/update your email address. **To ensure delivery of email notifications, add notifications@transautoemail.aetna.com to your address book.**
Email notification is not available for capitation EFTs.
- You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA.
- All status inquires must include the words “Status Request” in the subject field of the email.
 - To check the status of a new ERA/EFT enrollment, send an email to ERAForms@aetna.com
 - To check the status of an EFT change, send an email to EDIHotline@aetna.com

IMPORTANT:

Please allow 15 business days for processing. Processing times may vary depending on number of enrollments received, the accuracy of the information provided and whether the form is legible. We will send an email confirmation letting you know when ERA and/or EFT will start. To take advantage of direct deposit (EFT), your bank must be a participating member of NACHA®. You are responsible for notifying us of any changes to your banking information. You may receive a phone call from us to ensure the accuracy of the listed financial institution account information. Visit www.aetnapaperlessoffice.com for additional information about ERA/EFT or electronic Explanation of Benefits (EOBs).

- For **new enrollments** and **vendor/clearinghouse changes**, complete the ERA Authorization Agreement with a voided check or bank letter included and fax to **860-754-9122**.
- For **EFT bank changes** and/or **ERA terminations (cancel)**, complete the ERA/EFT Authorization Agreement and fax to **860-262-9883**.



Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement

Please fax only one TIN per form. A separate form for each TIN must be used.

Asterisk (*) indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to the instructions before completing this form.

<input type="checkbox"/> Check here to enroll EFT to your Capitation Payments.			
PROVIDER INFORMATION			
*Provider Name			
*Street			
*City	*State/Province	*ZIP Code/Postal Code	
PROVIDER IDENTIFIERS INFORMATION			
*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
*National Provider Identification Number (NPI)			
Assigning Authority		Trading Partner ID	
PROVIDER CONTACT INFORMATION			
*Provider Contact Name			Title
*Telephone Number () -			
*Email Address			Fax Number () -
ELECTRONIC REMITTANCE ADVICE INFORMATION			
*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Select One)			
<input type="checkbox"/> Provider Tax Identification Number (TIN)		_____	
<input type="checkbox"/> National Provider Identification Number (NPI)		_____	
List two or more NPIs you would like to enroll for ERA/EFT payments:			

*Method of Retrieval – Select one of the options below			
<input type="checkbox"/> Aetna’s secure provider website on NaviNet®. You must be a NaviNet-registered user to access Explanation of Benefits (EOBs).			
<input type="checkbox"/> Aetna’s no-cost direct-connect solution via PNT Data Corp®.			
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION			
You may only receive Aetna ERAs from one of the clearinghouses/vendors on this list: www.aetna.com/provider/vendor			
*Clearinghouse Name		Clearinghouse Contact Name	
Telephone Number		Email Address	
FINANCIAL INSTITUTION INFORMATION - Refer to instructions if you are enrolling more than one bank account.			
*Financial Institution Name		Street	
City		State/Province	
		ZIP Code/Postal Code	
*Financial Institution Routing Number		*Type of Account at Financial Institution	
		<input type="checkbox"/> Checking	
		<input type="checkbox"/> Saving	
*Provider’s Account Number with Financial Institution			
SUBMISSION INFORMATION			
*Reason for Submission			
<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Change Enrollment	
		<input type="checkbox"/> Cancel Enrollment	
*Include with Enrollment Submission			
<input type="checkbox"/> Bank Letter		<input type="checkbox"/> Voided Check	

Authorization Agreement – Please read and sign your name below.

Electronic Funds Transfers (EFT)

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company, Aetna Health Inc., Innovation Health Holdings, LLC, Coventry Health Care, Inc. (“Company”) and their respective subsidiaries, to initiate credit entries to the account at the financial institution listed above for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the financial institution listed above to accept any credit entries by Aetna to such account and to credit the same to such account.

Company will not debit or deduct funds directly from my financial institution’s account for claim overpayments and/or refund requests, but Company will seek permission to debit my financial institution’s account for any adjustments or corrections to resolve duplicate payments (where “duplicate” is defined as Company sending multiple identical payments in error) or erroneous payments due to a financial institution account setup error. Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, Company will notify me in writing to reach an alternative arrangement for reimbursement.*

Once the Company transmits an EFT to my financial institution, I acknowledge my institution has three (3) business days to settle the funds and make them available in my account. I also acknowledge claims already in process on or before my effective date will still generate paper checks.

*Company strictly adheres to NACHA guidelines.

Electronic Remittance Advice (ERA) – Legislative Updates

Certain claims payment/remittance information required by various state requirements cannot be transmitted using the HIPAA-compliant ERA transaction. When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, we will post details of our state requirements compliance plan on www.aetna.com/health-care-professionals/insurance-regulations-state.html.

Electronic Remittance Advice (ERA) – Pended Claims

When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, such as information regarding pended claims, health care professionals can obtain this information in other ways:

For pended claims received **electronically**, the request for information is returned in a Claim Status Response (277). However, we are aware that some providers have agreements with their vendor/clearinghouse to receive some, all or none of their unsolicited claim status responses. Therefore, work with your vendor/clearinghouse to ensure you receive all level 2 claim status responses in order to receive this information. If you prefer, or are unable to receive these responses, you may use the real-time Claim Status Inquiry transaction to obtain this information as well.

For pended claims received on **paper**, we may request more information by letter or telephone. However, if you have not received any such request within 30 days of sending us a paper claim, use the Claim Status Inquiry transaction to view this information.

AUTHORIZED SIGNATURE

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including EFT, Legislative Updates and Pended Claims. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

* Written Signature of Person Submitting Enrollment	* Printed Name of Person Submitting Enrollment	
* Printed Title of Person Submitting Enrollment	Submission Date	Requested ERA Effective Date

If you prefer not to aggregate by TIN or NPI and are not enrolling the entire Tax ID, please select an alternative setup:

Split by Billing Address – Enroll only certain **Billing Locations** under the Tax ID for ERA/EFT payments.

List the applicable Billing Locations to enroll for EFT payments _____

NPI Grouping – For instructions, refer to enrollment guide on Page 1.

Do not group ERAs/EFTs by primary payee NPI.

<p>EFT Email Notification</p> <p>If you would like to receive an email notification when we transmit an EFT to your banking institution, you may sign up by logging into our secure provider website and choosing the “Aetna Email Options” button or supply up to two clearly printed email addresses in the spaces below:</p> <p>Email 1: _____</p> <p>Email 2: _____</p>	<p>Electronic Explanation of Benefits (EOBs)</p> <p>As a registered user of our secure provider website, you can access your EOBs online from the Claim EOB tool. Your electronic EOB is immediately available once a claim is processed. This allows you to post payments several days sooner than if you used a paper EOB. Not registered? Register at: https://connect.navinet.net/enroll.</p> <p>Your paper EOBs will stop 31 days after the effective date of the ERA set up.</p> <p>Please check when you would like your paper EOBs stopped:</p> <p><input type="checkbox"/> Stop paper EOBs in 31 days <input type="checkbox"/> Turn off paper EOBs immediately</p>
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Fax the completed form, voided check and/or bank letter to:

- **860-754-9122** for new ERA/EFT enrollments and requests to change your ERA clearinghouse.
 - To check the status of an ERA enrollment, send an email to ERAForms@aetna.com and include the words “Status Request” in the subject line.
- **860-262-9883** for EFT changes and ERA termination requests.
 - To check the status of an EFT change, send an email to EDIHotline@aetna.com and include the words “Status Request” in the subject line.
- Visit www.aetnapaperlessoffice.com for additional information about ERA/EFT and electronic EOBs.

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Definitions

Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT)

PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
(Provider Address) Street	The number and street name where a person or organization can be found
City	City associated with provider address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (ZIP stands for "Zone Improvement Plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
PROVIDER IDENTIFIERS INFORMATION	
Provider Identifiers	Enter TIN and NPI information
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions
(Other Identifiers) Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. Enter User Name/App ID/Customer ID/Key/Acct Number (if applicable)
PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Title	Title of contact
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles
ELECTRONIC REMITTANCE ADVICE INFORMATION	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. Select from TIN or NPI
Method of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)
Clearinghouse Name	Official name of the provider's clearinghouse.
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	Official name of the provider's financial institution
Financial Institution Street Address	Street address associated with receiving depository financial institution name field
City	City associated with receiving depository financial institution address field
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (ZIP stands for "Zone Improvement Plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited
SUBMISSION INFORMATION	
Reason for Submission	Select your reason for submission from the options available
Include with Enrollment Submission	Voided check: A voided check is attached to provide confirmation of Identification/Account Numbers Bank Letter: A letter on bank letterhead that formally certifies the account owners routing and account numbers
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment
Submission Date	The date on which the enrollment is submitted
Requested ERA Effective Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner